



HEALTH INSPECTIONS
448 STATE HWY. 75 N.
HUNTSVILLE, TX 77320
PH. 936/294-5717
FAX 936/294-5701

ITINERANT RESTAURANT REGISTRATION*

~NO FEE~

(If 3 days or less and not more than once every 3 months)

Applicant Name: _____

Applicant Address: _____

City, State & Zip Code: _____

Phone # (s): _____

(*Post registration with date received stamp in public view.)

FOOD EVENT INFORMATION

Location (Street or Bldg.): _____

Date(s) of Food Production: _____

(Maximum 3 days)

Foods Served to Public: _____

↓(Please print name here)↓

I _____, agree to comply with the Texas Food Establishment Rules §229.170 for Temporary Food Establishments. I understand that noncompliance of these rules may result in a citation fine not more than \$2,000.

(Applicant's Signature)

(Date)